## **EXHIBIT A**

Approved for use through 07/31/2009. MD 9851-0031

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional)		
		865-B-PCT-US		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with		in re Application of Wai-Kuen Lui and William Wai-Shing Lui		
sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313- 1450" [37 CFR 1.8(a)]	Application N 10/593,70		Filed Sept. 19, 2006	
00	For Flexible	For Flexible Dental Floss Applicator And Interdental Gum Stimulator		
Signature	Art Unit	Ex	aminer	
Typed or printed name	3732	H	ao D. Mai	
Applicant hereby appears to the Board of Patent Appeals and Interferences from the last decision of the examiner.				
he fee for this Notice of Appeal is (37 CFR 41.29(b)(1)) \$ 540			540	
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:  \$ 270				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-1891				
A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the				
applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71, Statement under 37 CFR 3.73(b) is enclosed.	Alber	Signature Albert Wai-Kit Chan		
(Form PTO/SB/96)		Typed or printed name		
attorney or agent of record. 36,479 Registration number		(718) 799-1000		
		Telephone number		
attorney or agent acting under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34.	July :	July 27, 2009		
Date				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				

This obsection of information is required by 37 CFR 4.13.1 The information is required to obtain or retain a broad by the public which is to lief (use by the USPTO) processing all registerior. Confidentially is powered by \$3.15.0.12 and 7.0FF 11.1.1.1.14 and 4.15. This Colorido is eliminate to task for insides to processing a long-line or the complete of the USPTO. There will very depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suppleasions for reducing this barden, should be sent to the Child the form and/or suppleasions for reducing this barden, should be sent to the Child the form and/or suppleasions for reducing the barden, and the beart to the Child the Commence, P.O. Box 1450, Alexandria, VA 2231-4450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2231-4450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2231-4450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO. Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2231-4450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

forms are submitted.

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